

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/521369

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6			1			
7				1		
8				1		
9				1		
10				1		
11				2		
12				2		
13				2		
14				2		
15			1			
16				2		
17				2		
18				2		
19				2		
20				2		
21			1			
22				1		
23				1		
24				1		
25				1		
26				1		
27			1			
28				1		
29			1			
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48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.				30		
TOTAL CLAIMS				37		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS